## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	3/3/2014	Address:	206 York Dr. Lot 40	
Incident #:	14ISPC001744		Middlebury, IN	
County:	Elkhart		46540	
Type of Lab	oratory Seizure (check one)	Seizure Location	(check all that apply)	
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		<ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul>	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	<b>l: Location</b> (bedroom, kitchen, open air, et apply) or Birch Reaction(s): north bathroom	etc)		
Red Phos	phorous/Iodine Reaction(s):			
Hydrochle	oric Acid Gas Generator(s): north batl	<u>hroom</u>		
⊠ Flammab	le Solvents: north bathroom & bedroo	<u>om</u>		
Water Re	active Metal (Lithium): north bathroo	<u>m</u>		
Anhydrou	as Ammonia:			
	Acid: north bathroom			
	Base: north bathroom & bedroom			
Other (ite	m and location):ammonium nitrate: no	orth bathroom & bed	<u>lroom</u>	
Vehicle Info	rmation:			
Owner: VIN: Year:		Make: Model:		
Child under age 18 discovered (check appropriate)  ☐ Yes 2 (number present) ☐ No ☐ Children not present but evidence they reside or visit often		□ unclean     Estimated le     occurring: unclean     □	Living conditions of home:  clean disarray unclean Estimated length of time manufacturing had been occurring: unknown Additional Information:	
This report	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:	
Health Depar	nent City, Township or County Middle truent County: Elkhart County HD of Child Services Hotline: dcshotlinere	Fax	: <u>574-825-1466</u> : <u>emailed</u> ax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetan Officer: Andrew Cochran Phone	nine laboratory, com e <u>574-546-4900</u>	tact	

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.